

ASSIGNMENT

3

To Stop or Change an Existing Court Order

Part 3: Objecting to the Request



SELF SERVICE CENTER
TO STOP OR MODIFY ASSIGNMENT ORDER
FOR PETITIONER OR RESPONDENT
PART 3: OBJECTING TO THE REQUEST

How to assemble these documents

This packet contains court forms and instructions to file *an “Objection to a Request to Stop or Modify a Court Order for Assignment.”* Be sure the documents are in the following order.

Order	File Number	Title	No. Pp.
1	DRMW3t	Table of forms/instructions in this packet	1
2	DRMW3k	Checklist to file	1
3	DRMW31h	Help to Complete <i>“Request for Hearing”</i>	1
4	DRMW31f	<i>“Request for Hearing”</i>	2
5	DRMW32f	<i>“Affidavit of Direct Payments”</i>	2

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SELF SERVICE CENTER
Forms and Instructions

**RESPONSE TO PETITION AND PAPERS
TO STOP OR MODIFY ASSIGNMENT
(WHEN PARTIES DO NOT AGREE)**

CHECKLIST

USE THE FORMS and instructions in this packet **ONLY** if the following factors apply to you:

- ✓ You have been served with (received) a copy of a ***“Motion to Stop or Modify the Order of Assignment,”*** AND
- ✓ You do **not** agree with the information provided in the Motion, AND
- ✓ You wish to request a hearing so you can tell the court why you do not agree with the Motion.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

SELF SERVICE CENTER

INSTRUCTIONS: HOW TO REQUEST A HEARING REGARDING A REQUEST TO STOP OR MODIFY AN ORDER OF ASSIGNMENT

COMPLETE THIS FORM IF:

- ✓ You have been served with (received) a copy of a ***“Request to Stop or Modify an Order of Assignment;”*** AND,
- ✓ You do **not** agree with the information provided in the Request; AND,
- ✓ You wish to request a hearing so you can tell the court why you **do not agree** with the Request.

TO FILE THIS FORM WITH THE CLERK’S OFFICE, YOU WILL NEED TO:

- ✓ Pay a fee for filing this Request. As of January 1, 1998, the filing fee is \$61.00. There may be additional fees, including an appearance fee if this is the first time you or your attorney has appeared in this case. If you cannot pay these fees, you may request that the fees be deferred or waived. The Self-Service Center and the Clerk of Superior Court have the necessary forms to request the deferral or waiver.

HOW TO COMPLETE THIS FORM:

- ✓ Type or print neatly using **black** ink.
- ✓ Follow the instructions given below. Match each numbered step in the instructions with the item on the attached form that has the same number.

NUMBER INSTRUCTION

1. Type or print the name, address and telephone number of the person filing the form and the ATLAS number if known. An attorney who is filing the Request must also list the name of the person represented and the attorney’s State Bar Number.
2. Type or print the name of the person shown as the petitioner on the ***“Order of Assignment.”***
3. Type or print the name of the person shown as the respondent on the ***“Order of Assignment.”***
4. Type or print the case number that appears on the ***“Order of Assignment.”***
5. Date and sign in front of a notary public or deputy clerk. By signing your name, you are stating under oath that the contents of this Request are true and correct to the best of your knowledge.
6. When you have completed the ***“Request to Stop or Modify the Order of Assignment,”*** give the form to the Clerk of the Court. Then, date and sign your name before a Notary Public **or** Deputy Clerk. By signing your name, you are stating under oath that the contents of this Request are true and correct to the best of your knowledge. The Notary Public or Deputy Clerk will complete the signature and date information requested at the bottom of the first page.

NOTICE OF HEARING

When you have completed the ***“Request to Stop or Modify the Order of Assignment,”*** give the form to the Clerk of Court. The Court or Deputy Clerk will complete the date, time, and place of the hearing, and sign the Notice. Upon filing the Request for Hearing and Notice of Hearing, the filing party must immediately serve a copy of this Request on the other party (obligee or obligor, or his/her attorney in accordance with the Arizona Rules of Civil Procedure. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be served with a copy of the Petition.

(1) **Person Filing:** _____
Address: _____
Phone: _____
Atlas Number (if applicable): _____
State Bar Number (if applicable): _____
Representing ☐ **Self (Without a Lawyer)** or ☐ **Attorney for** ☐ **Petitioner** OR ☐ **Respondent**

**SUPERIOR COURT OF ARIZONA
COUNTY OF MARICOPA**

(2) _____
Name of Petitioner

Case No: (4) _____

**REQUEST FOR HEARING AND
NOTICE OF HEARING**

(3) _____
Name of Respondent

REQUEST FOR HEARING

The information provided on the ***“Motion to Stop or Modify the Order of Assignment”*** is not accurate. I request that a hearing be set so that I can explain to the judge or commissioner my position. I have read this document and the information is true and correct to the best of my knowledge.

(5) Dated: _____ Signature: _____

STATE OF ARIZONA)
County of Maricopa) ss.

Subscribed and sworn or affirmed and acknowledged before me this (date) _____

by _____.

Notary Public or Deputy Clerk _____

Notary Expiration Date: _____

NOTICE: If a hearing or para-judicial conference is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.

NOTICE OF HEARING

The above verified ***“Request for Hearing”*** having been filed, this matter shall be heard as follows:

DATE AND TIME: _____

PLACE: _____

If either party fails to appear at the hearing after proper notice, the court will take evidence from the party who does appear and make a decision based on the information provided in ***the “Request to Stop or Modify the Order of Assignment”*** and any oral testimony.

Dated: _____

Judicial Officer _____

NOTICE

1. Upon filing the ***“Request for Hearing”*** and ***“Notice of Hearing”*** the filing party must immediately serve a copy of this Request on the other party (the obligee or obligor) or his/her attorney in accordance with the Arizona Rules of Civil Procedure. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be served with a copy of the petition.
2. If a hearing or para-judicial conference is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.

(1) Your Name: _____
Your Address: _____
Your Phone: _____
ATLAS No. (if applicable): _____
State Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA**

)	
Petitioner)	
VS.)	Case No. _____
)	
Respondent)	AFFIDAVIT OF DIRECT PAYMENTS

(Use this form if you made payments directly to the other party, NOT through the Clerk of the Court. It is best if you have receipts to prove you made these payments. Bring this form and copies of all receipts to the court hearing)

I am the party obligated to make payments to (name) _____
under court order. I swear that the following list is a true and accurate account of direct payments I made to that person, and the person received the payments.

Subscribed to and sworn before me this date _____ by _____

Notary public or Deputy Clerk

My commission expires: _____

SCHEDULE OF DIRECT PAYMENTS

YEAR: _____	YEAR: _____	YEAR: _____	YEAR: _____	YEAR: _____
Month Amt Pd.	Month Amt Pd.	Month Amt Pd.	Month Amt Pd.	Month Amt Pd.
Jan. _____	Jan. _____	Jan. _____	Jan. _____	Jan. _____
Feb. _____	Feb. _____	Feb. _____	Feb. _____	Feb. _____
Mar. _____	Mar. _____	Mar. _____	Mar. _____	Mar. _____
Apr. _____	Apr. _____	Apr. _____	Apr. _____	Apr. _____
May _____	May _____	May _____	May _____	May _____
June _____	June _____	June _____	June _____	June _____
July _____	July _____	July _____	July _____	July _____
Aug. _____	Aug. _____	Aug. _____	Aug. _____	Aug. _____
Sept. _____	Sept. _____	Sept. _____	Sept. _____	Sept. _____
Oct. _____	Oct. _____	Oct. _____	Oct. _____	Oct. _____
Nov. _____	Nov. _____	Nov. _____	Nov. _____	Nov. _____
Dec. _____	Dec. _____	Dec. _____	Dec. _____	Dec. _____